



REQUEST FOR CLINICAL PREPAREDNESS TESTING

Date/Time: _____

Page ____ of ____

DIRECTIONS: Complete this form for each *BATCH* of samples.
Complete “DPHL Chain of Custody Form for Clinical Preparedness Samples” for *EACH* patient.

SUBMITTED SAMPLE INFORMATION

Sample Type Check boxes below		Number Shipped
<input type="checkbox"/>	Urine	
<input type="checkbox"/>	Blood	
<input type="checkbox"/>	Tissue	
<input type="checkbox"/>	Other (specify):	

Total number of samples?
Number of adult patients?
Number of pediatric patients?
Potential number of persons exposed?
Symptoms of exposed people?
Onset of symptoms? (immediate, minutes, hours, days, etc.)
Other additional information:

Test(s) Requested? Check boxes below			
<input type="checkbox"/>	Cyanide	<input type="checkbox"/>	Pesticides
<input type="checkbox"/>	Trace Metals	<input type="checkbox"/>	Volatile Organic Compounds
<input type="checkbox"/>	Nerve Agents	<input type="checkbox"/>	Lewisites
<input type="checkbox"/>	Mustard/Blister	<input type="checkbox"/>	Riot/Choking Agents
<input type="checkbox"/>	Culture	<input type="checkbox"/>	Ricin
<input type="checkbox"/>	PCR	<input type="checkbox"/>	Anthrax
<input type="checkbox"/>	TRF	<input type="checkbox"/>	
<input type="checkbox"/>	Other (specify):		
Possible identity(s) of agent(s)?			
Detailed description of sample(s):			

Place a check in the appropriate box for each question below. For more details, please refer to DPHL's "Instructions for Specimen Packaging, Transport, and Completion of Chain of Custody Form".

The Sample(s) is...

**YES NO DPHL
Staff only**

Properly separated by sample type?			
Labeled by unique identifier and draw order?			
Properly individually sealed with evidence tape?			
Properly initialed by collector?			
Labeled with facility/group identifier?			
Properly stored? (4°C blood, -70°C urine)			
Properly contained with sorbent and has no leaks or cracks?			
Double bagged (Biological Preparedness samples only)?			
Sealed with evidence tape & initialed on each layer (Chemical Preparedness samples only)?			
Packaged using Packing Instruction 650 (Chemical Preparedness samples only)?			
Has the outside of bag been decontaminated?			
List Decontaminant used: _____	LIST		
Includes a Clinical Chain of Custody Sheet for each patient?			

Shaded area to be completed by DPHL Personnel ONLY

Priority of Testing (CIRCLE): CRITICAL (STAT) MODERATE (ROUTINE) EXERCISE



DPHL CHAIN OF CUSTODY FOR CLINICAL PREPAREDNESS SAMPLES

DPHL Lab ID# _____ Collection Date/Time: _____ Page _____ of _____

DIRECTIONS: This form must be completed for *each* patient. Attach and complete "DPHL Request for Clinical Preparedness Testing Form" for each *BATCH* of samples.

Original Specimen Collected by (Print and Sign): _____

Submitter Information: (Please Print)

Name
Organization
Street Address
City, State, Zip Code
Phone/Cell#
Email Address

Collecting facility/area information:

Name/Organization
Street Address
City, State, Zip Code
Phone

Description of sample submitted:

Patient's Name:	Date of Birth:
Patient's ID number:	Gender (circle): M F Unk
Clinical Diagnosis:	Health Status:
Suspected agent(s):	Field Analysis? Y N
Number of specimens:	Specimen type:
Any Additional Information:	

Test(s) Requested: _____

Received by: (print/sign)	Date:	Time:
Organization:		
Reason:		
Received by: (print/sign)	Date:	Time:
Organization:		
Reason:		
Received by: (print/sign)	Date:	Time:
Organization:		
Reason:		

Shaded area to be completed by DPHL Personnel ONLY

CLEARED FOR PREPAREDNESS ANALYSIS?

DPHL receiver printed name/signature: _____ **YES NO**



DPHL CHAIN OF CUSTODY FOR CLINICAL PREPAREDNESS SAMPLES

DPHL Lab ID# _____ Collection Date/Time: _____ Page ____ of ____

Received by: (print/sign)	Date:	Time:
Organization:		
Reason:		
Received by: (print/sign)	Date:	Time:
Organization:		
Reason:		
Received by: (print/sign)	Date:	Time:
Organization:		
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Received by: (print/sign)	Date:	Time:
Organization:		
Reason:		

Shaded area to be completed by DPHL Personnel ONLY

CLEARED FOR PREPAREDNESS ANALYSIS?

DPHL receiver printed name/signature: _____ YES NO